

NJ Division of Workers' Compensation
COURTS on-line: Subscriber Change Form

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It is the *COURTS on-line* Contact Person's responsibility to advise the Division whenever there has been a change in information pertaining to one of their *COURTS on-line* subscribers. This form can be used to report the following changes: subscriber name, subscriber address, telephone number, e-mail address and electronic filing access level. **If your firm's registered address or name has changed, this form should not be used to report the change. The change must be sent to us in writing on company letterhead.**

Please indicate the subscriber's existing name and e-mail below and any updated information pertaining to that subscriber. If there has been a subscriber name change, please indicate both the old and the new name.

Subscriber Information:

Name (Required):	_____	E-Mail address: (Required)	_____
New Name (If Changed):	_____	New E-Mail address: (If Changed)	_____
Firm Name (Required)	_____		
Street Address	_____		
City, State, ZIP	_____		
Telephone #:	_____	Fax #:	_____

ELECTRONIC FILING – Please select new access level if this information is being changed

- ☐ **BASIC** Subscribers will not be able to electronically receive or submit legal pleadings on behalf of the firm. This is the default access level assigned to all subscribers.
- ☐ **LIMITED** Law Firms only - Subscribers will be able to receive notices of electronically filed legal pleadings, data enter and save information into pre-formatted templates but they will not be able to electronically file any legal documents.
- ☐ **FULL** If Law Firm - this access level will give subscribers full rights to receive and file legal pleadings electronically. If Carriers – this access level will allow you to receive pleadings and to designate respondent counsel electronically.

**** Note - If Limited or Full Access is selected for at least one employee, this firm will receive notice of e-filed documents solely through the COURTS on-line website and not through US Mail.**

Courts On-Line Contact Person Signature:

I am the Contact Person for _____ and am submitting the above changes to the Division of Workers' Compensation so that they can update their records.
Name of company

Date: _____ Signature: _____

Contact Person Name and Title

PLEASE MAIL COMPLETED FORM TO:
Division of Workers' Compensation, PO Box 381, Trenton, NJ 08625-0381, Attn: Technical Support Unit
YOU CAN ALSO FAX THIS FORM TO: (609) 292-3758, attn: Technical Support Unit